

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34635

STATE FILE NUMBER

Registration District No.

360

Primary Registration District No.

6225

Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>		d. STREET ADDRESS (If outside, give location) <u>615 Campbell</u>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPHINE</u> Middle <u>DITTO</u> Last <u>DITTO</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 8 - 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>SALAPARUTA, ITALY</u>	
13a. FATHER'S NAME <u>James Deapa</u>		14. NAME OF HUSBAND OR WIFE <u>Mike Ditto</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Hospital records</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>12/31/56</u> a.m. <u>32</u> p.m. <u>a</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Kansas City</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>12/31/56</u> to <u>9/21/57</u> and last saw her alive on <u>9/21/57</u> Death occurred at <u>132 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>George Esker M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-2-57</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		27. DATE SIGNED <u>9/21/57</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. Anglin Perry*.....

Licensed Embalmer No. *4969*.....

P. O. Address *Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.